Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Pound, Feinstein & Associates	M M / D D / Y Y Y Y Y
Mailing Address 5614 Connecticut Ave, NW Ste 270	07 22 2014 Amount
City State Zip Code	6044.05
City State Zip Code Washington DC 20015	6941.25  Transaction ID : 1bb2beac-c69d-4035-b
Purpose of Expenditure	Date of Disbursement or Obligation
Doorhangers Category/ Type 004	07 / 22 / 2014
Name of Federal Candidate Support Of	fice Sought: House District: 00
Ms. Mary L Landrieu	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Dis 20	sbursement For: Primary X General  14 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Run and Win	07 22 7 2014
Mailing Address P.O. Box 2096	01 22 2014
	Amount
City State Zip Code	340.33
Aiken SC 29802	Transaction ID : fe32b7e5-15fb-4ba9-9 Date of Disbursement or Obligation
Purpose of Expenditure Lapel Stickers  Category/ 004	M = M / D = D / Y = Y = Y
Type Type	07 22 2014
Name of Federal Candidate Support Of	fice Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Odichdal Todi To Dato	sbursement For: Primary X General
Per Election for Office Sought 170440.82	Other (specify)   Other
(a) SUBTOTAL of Itemized Independent Expenditures	7281.58
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature [Electronically Filea] Date	07 24 2014

Schedule E)	I EXI END	ITORES	<u> </u>	PAGE 2 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Run and Win			M 07 /	22 / 2014
Mailing Address P.O. Box 2096			Amount	
City	State	Zip Code		340.33
Aiken	SC	29802		ement or Obligation
Purpose of Expenditure Lapel Stickers		Category/ Type 004	07 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	71160.25	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Run and Win			07	22 / 2014
Mailing Address P.O. Box 2096			Amount	
City	State	Zip Code		340.33
Aiken	SC	29802		: c81d492a-3b96-492e-9 sement or Obligation
Purpose of Expenditure Lapel Stickers		Category/ Type 004	M M /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	30949.42	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es			680.66
			7	4 4
(b) SUBTOTAL of Unitemized Independent Expendi	tures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>)</b>	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	iically Filed] Date	07 / 24	2014
- 3				

Sc	chedule E)	TOTT OTTE	J			PAGE 3 OF 62 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC ID	DENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC					C00530766
						000555.55
Che	eck if 24-hour report X 48-hour report New	report	Amends rep	ort filed on	M = M /	D = D / Y = Y = Y
	Full Name of Payee Michael Marinaccio			Date	M M /	Distribution/Dissemination
	Mailing Address 680 Sunnypod Lane			Am	07 ount	22 2014
					04.11	
Ì	City State	Zip Coo	le		- Can I	235.00
	Aynor SC	29511				D: 2f5ee8f2-0bba-44d3-b irsement or Obligation
	Purpose of Expenditure Design	Categ	ory/ ype 004	1	07	22 / 2014
1	Name of Federal Candidate		Support	Office Sou	ght:	House District: 00
Ì	Mr. Mark E Udall		Oppose		_	Senate State: CO
	Calendar Year-To-Date Per Election for Office Sought	9711.7	5	Disbursem 2014	ent For: Other (sp	Primary
Ì	Full Name of Payee			Dat		c Distribution/Dissemination
	Mr. Michael Vidrine				M = M /	/ D D / Y Y Y Y Y Y
	Mailing Address 458 Hebert Rd				07	22 2014
Ì	450 HOBOLITA			Am	ount	
	City State	Zip Co	de	- $ $ $ $ $ $		35.00
	Palmetto LA	71358		<b>Tran</b> Dat	saction ID	D: 7cf9dcb9-644e-4dc4-a ursement or Obligation
	Purpose of Expenditure Salary	Categ T	ory/ ype 001	-	07	22 / 2014
	Name of Federal Candidate		Support	Office Sou	ıght:	House District: 00
	Ms. Mary L Landrieu		<b>X</b> Oppose	Pres	sident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	711	60.25	Disbursem 2014	ent For: Other (sp	Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures			··· •	7	270.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures			··· • [		
	(c) TOTAL Independent Expenditures			···· <b>\</b>	4-	7
١	Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Elec	ctronically Fil	[ed] Date	te 07	/ 0 0 0	2014
	Signature					

Schedule E)	PAGE 4 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amend	s report filed on M = M / D = D / Y = Y = Y
Full Name of Payee Mr. Michael Vidrine	Date of Public Distribution/Dissemination
	07 / 22 / 2014
Mailing Address 458 Hebert Rd	Amount
City State Zip Code	33.00
Palmetto LA 71358	Transaction ID: 3439a5f1-e752-4450-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	002 07 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Supp	port Office Sought: House District: 00
Ms. Mary L Landrieu Oppo	
Calendar Year-To-Date Per Election for Office Sought 71160.25	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Felice Barrett	07
Mailing Address 1588 Asbury	Amount
City State Zip Code	45.00
Springdale AR 72762	Transaction ID: a9a5b29f-6eb6-44c6-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001 M <sub>07</sub> / D <sub>20</sub> / Y <sub>2014</sub> Y <sub>2014</sub>
Name of Federal Candidate Supp	port Office Sought: House District: 00
Mr. Mark L Pryor Opp	ose President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 30949.42	Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	78.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed]  Signature	Date 07 24 2014

Schedule E)	II EXI END	HONES		PAGE 5 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Felice Barrett			07 /	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1588 Asbury			Amount	
City	State	Zip Code		4.50
Springdale	AR	72762		D: 17064245-e041-4733-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	30949.42	Disbursement For: 2014 Other (specific	Primary
Full Name of Payee	_		Date of Public	Distribution/Dissemination
Gabriella E Hansen			07	22 / 2014
Mailing Address 310 West Meath Drive			Amount	
City	State	Zip Code		20.00
Winterville	NC	28590		: 90124249-7d55-405b-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	170440.82	Disbursement For: 2014 Other (sp	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expenditur	es		. •	24.50
			7	
(b) SUBTOTAL of Unitemized Independent Expendi	tures		•	4
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 / 24	2014
- 9				

Schedule E)	DENT EXICIO	TIONES	PAGE 6 FOR SE OF FO	OF 62 RM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	t filed on Y	YYYY
Full Name of Payee Gabriella E Hansen			Date of Public Distribution/Diss	emination
Mailing Address 310 West Meath Drive			07 22 Amount	2014
			Attrount	
City Winterville	State NC	Zip Code 28590	Transaction ID : 460f13ca-e7f	5.70
	NO	28390	Date of Disbursement or Oblig	
Purpose of Expenditure Mileage		Category/ Type 002	07 / D D / Y	2014
Name of Federal Candidate		Support	Office Sought: House Dist	rict:00
Ms. Kay Hagan		X Oppose	President X Senate St	ate: NC
Calendar Year-To-Date Per Election for Office Sought		170440.82	Disbursement For: Primary 2014 Other (specify) ▶	X General
Full Name of Payee			Date of Public Distribution/Diss	semination
Kevin L Battle			M M / D D / Y	2014
Mailing Address 3300 Asher Ave			Amount	
City	State	Zip Code		50.00
Little Rock	AR	72204	Transaction ID : af4b7537-a0e  Date of Disbursement or Oblig	
Purpose of Expenditure Salary		Category/ Type 001		2014
Name of Federal Candidate		Support	Office Sought: House Dist	rict:00
Mr. Mark L Pryor		X Oppose	President X Senate St	ate: AR
Calendar Year-To-Date Per Election for Office Sought		30949.42	Disbursement For:  Primary 2014  Primary  Other (specify) ▶	X General
(a) SUBTOTAL of Itemized Independent Expe	nditures			55.70
(-,			7 7	00.10
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>	-
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 24 2014	Y
- 9				

Schedule E)	-XI	101120		PAGE 7 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	*M / D = D / Y = Y = Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
Kevin L Battle			М	07
Mailing Address 3300 Asher Ave			Amour	nt
City	tate	Zip Code		16.20
	AR	72204		action ID: ad93ca00-832e-438d-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	07 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	t: House District:00
Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		30949.42	Disbursement 2014 Ot	t For:
Full Name of Payee			Date of	of Public Distribution/Dissemination
Casey Stockton			M	07 22 2014
Mailing Address 105 South Dale St			Amou	
			Amoul	
<b>l</b> '	tate	Zip Code		70.00
	NC	28777	Transa Date o	ction ID : fa69e20b-8cd5-43da-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	07 22 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		170440.82	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures			<b>•</b>	86.20
(b) SUBTOTAL of Unitemized Independent Expenditures	3		• •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	07	24 / 2014
Signature	_	_		

Schedule E)	LIVI LXI LIVL	TI OTILO	PAGE 8 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Casey Stockton			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	26.10
Spruce Pine	NC	28777	Transaction ID : 5d576faf-8409-4b46-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 22 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	170440.82	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Mary Johnson			07 22 2014
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	70.00
Spruce Pine	NC	28777	Transaction ID : 161190cb-7311-48c4-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,	170440.82	Disbursement For:  Primary  General
(a) SUBTOTAL of Itemized Independent Expendent	itures		96.10
, ,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 24 2014
Signaturo			

Schedule E)	EXI EIID			PAGE 9 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC				
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ert filed on	M / D = D / Y = Y = Y
	New lebe	Off Afficings repo	It filed on	
Full Name of Payee Solveig Lysne			Date of F	
Mailing Address 7121 Oyster Lane			Amount	
City	State	Zip Code		42.10
Wilmington	NC	28411		ion ID : f4317500-250f-4190-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 1	170440.82	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
Full Name of Payee Solveig Lysne			Date of F	
Mailing Address 7121 Oyster Lane			Amount	
City	State	Zip Code		12.30
Wilmington	NC	28411	Transaction  Date of I	on ID : a88c914c-446f-402e-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		170440.82	Disbursement For 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditures	3		<b>.</b>	54.40
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		· •	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			·	7 1 7 1 7 1
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		24 2014
Signature		_		

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Di	ate of Public Distribution/Dissemination
Anthony Buchanan		07 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1090 McHone Rd	A	mount
City	State Zip Code	35.00
Spruce Pine		ransaction ID : f9f51e42-35c1-4fa6-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan	Oppose Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought	Disburse 2014	ment For:
Full Name of Payee Andrea L Hammond  Mailing Address 12920 Kneeland Ln		ate of Public Distribution/Dissemination  M M 7 22 2014  mount
City	State Zip Code	35.00
Neosho		ansaction ID: 86a29f8e-2f0b-4857-b ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 22 / 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Mr. Mark L Pryor	Oppose Pri	esident X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	30949.42 Disburse 2014	ment For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures.	•	70.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es	7 7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized committee or agent of either, or	
Ms. Emily Buchanan Signature	[Electronically Filed] Date 07	24 2014
Signature		

PAGE

10

OF

Schedule E)	IVI EXI EIVI	DITORLO		PAGE 11 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Andrea L Hammond			Date of Public	Distribution/Dissemination
Mailing Address 12920 Kneeland Ln			07	22 2014
			Amount	
City	State	Zip Code		45.60
Neosho	МО	64850		: 9375759d-7248-46d1-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	30949.42	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jennifer Susky			M M /	22 2014
Mailing Address 1117 Shadow Lane			Amount	
City	State	Zip Code		2.50
Benton	AR	72015		: 6905d586-8654-4733-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	30949.42	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ures			48.10
(b) SUBTOTAL of Unitemized Independent Expen	ditures		. >	
			4	4 4
(c) TOTAL Independent Expenditures			<b>)</b>	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 24	2014
Signature				

Schedule E)	VI EXI END	TIONES		PAGE 12 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Jennifer Susky			M M /	22 / Y Y Y Y Y Y 2014
Mailing Address 1117 Shadow Lane			Amount	
City	State	Zip Code		0.60
Benton	AR	72015		: f19ed14c-7f9e-4617-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	7 7	30949.42	Disbursement For: 2014 Other (spe	Primary ⊠ General
Full Name of Payee			Date of Public	Distribution/Dissemination
Amanda Boley			07 /	22 / 2014
Mailing Address Split Oak Drive			Amount	
City	State	Zip Code		30.00
charlotte	NC	28227		: a71e9b7b-a910-4a73-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	71160.25	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			30.60
(b) SUBTOTAL of Unitemized Independent Expend	litures			
(-,			7	7 7
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 / 24	2014
-				

Schedule E)	TI EXI END	TIONES	PAGE 13 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			07 / D D / Y Y Y Y Y Y 2014
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	23.10
charlotte	NC	28227	Transaction ID : 9df95310-fc7e-4b57-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 22 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	71160.25	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Jodi Fountain			07 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1010 S Dogwood Drive			Amount
City	State	Zip Code	20.00
Bogalusa	LA	70427	Transaction ID: 888ae780-d842-4798-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 22 Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	71160.25	Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	es		43.10
(b) SUBTOTAL of Unitemized Independent Expend	itures		- •
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 07 24 Y 2014

Schedule E)	LIVI LXI LIVL	TIONES	PAGE 14 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Sean B Hicks			07 / 22 / 2014
Mailing Address 44 McDowell Drive			Amount
City	State	Zip Code	30.00
Wake Forest	NC	27587	Transaction ID : eed12bbe-51a7-4ed4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	170440.82	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Sean B Hicks			07
Mailing Address 44 McDowell Drive			Amount
City	State	Zip Code	3.00
Wake Forest	NC	27587	Transaction ID : fbe95f80-ad60-4cd4-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 22 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	170440.82	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		33.00
			7 7 7
(b) SUBTOTAL of Uniternized Independent Expo	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signaturo			

Schedule E)	EXI END	TONEO		PAGE 15 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends	report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Dylan Simon				Date of Public Distribution/Dissemination
Mailing Address 111 Millrock Drive				07 22 2014 Amount
City	State	Zip Code		46.00
Lafayette	LA	70508		Transaction ID : 6c6a2338-76b2-4e3e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	07 22 7 2014
Name of Federal Candidate		Suppor	rt Office	Sought: House District: 00
Ms. Kay Hagan		X Oppose		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	70440.82	Disbu 2014	rsement For: Primary General  Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Dylan Simon				07
Mailing Address 111 Millrock Drive				Amount
City	State	Zip Code		7.29
Lafayette	LA	70508		Transaction ID : 35f2b728-6642-4dd6-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	07 22 7 2014
Name of Federal Candidate		Suppo	rt Office	Sought: House District: 00
Ms. Kay Hagan		X Oppos	e	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	170440.82	Disbu 2014	rsement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.				53.29
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditure	es		·····	
(c) TOTAL Independent Expenditures			······ <b>&gt;</b>	1 1 7 1 1 7 1 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]	Date 0	
Signature				

Schedule E)	IN EXILIB	TIONEO	PAG FOF	GE 16 OF 62 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	IFICATION NUMBER ▼
Women Speak Out PAC			C C005	30766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on Man / D	D / Y = Y = Y
Full Name of Payee			Date of Public Dist	tribution/Dissemination
David Ford				22 / Y Y Y Y Y Y Y 2014
Mailing Address 106 Hillside St			Amount	
City	State	Zip Code		50.00
Spindale	NC	28160	Transaction ID : 2 Date of Disbursem	<b>5231638-4403-446f-9</b> ent or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / D	22 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Ms. Kay Hagan		X Oppose	President X Se	enate State: NC
Calendar Year-To-Date Per Election for Office Sought		170440.82	Disbursement For:  2014  Other (specify)	Primary
Full Name of Payee			Date of Public Dis	tribution/Dissemination
David Ford			07 / D	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 106 Hillside St			Amount	
City	State	Zip Code		11.85
Spindale	NC	28160	Transaction ID : bb Date of Disburser	99031a6-b0fb-406c-9 nent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / D	22 / 2014
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
Ms. Kay Hagan		Oppose	President X S	
Calendar Year-To-Date Per Election for Office Sought		170440.82	Disbursement For: 2014 Other (specify	Primary X General ) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures		•	61.85
			7	
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>)</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 24	2014
· 😈 · ···· ·				

Schedule E)	INT EXI END	JII OI LEO	PAGE 17 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Marysol Netro			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 312 S Gunter St			Amount
City	State	Zip Code	42.50
Siloam Springs	AR	72761	Transaction ID : ad4eb81a-e457-45f6-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 22 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		30949.42	Disbursement For:  Primary  General 2014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Marysol Netro			07 22 2014
Mailing Address 312 S Gunter St			Amount
City	State	Zip Code	9.00
Siloam Springs	AR	72761	Transaction ID : fe6fae6b-bd5f-4855-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 22 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	-	30949.42	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 51.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		. •
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 24 7 2014
3.9			

Schedule E)	IN EXIEND	HONES		PAGE 18 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	D D / Y Y Y Y Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Rebecca Deucher			07 /	22 / 2014
Mailing Address 4800 Vass Carthage Rd			Amount	
City	State	Zip Code		60.00
Carthage	NC	28394		: 305ce0ba-7684-498f-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		170440.82	Disbursement For:  2014  Other (spec	Primary
Full Name of Payee			Date of Public I	Distribution/Dissemination
Rebecca Deucher			07 /	22 / 2014
Mailing Address 4800 Vass Carthage Rd			Amount	
City	State	Zip Code		20.10
Carthage	NC	28394		db6eb36f-7fec-43d1-9 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	170440.82	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expendi	ures			80.10
			7	7 -
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	7 1 5
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 / 24	2014
- 3				

Schedule E)	VI EXI END	HONES		PAGE 19 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Donald Dessauer			M M /	22 / Y Y Y Y Y Y Y 2014
Mailing Address 1804 Auburn Ave			Amount	
City	State	Zip Code		15.00
Metaire	LA	70003		<b>): baef8329-0f0b-4695-b</b> sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	71160.25	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Donald Dessauer			07 /	22 / 2014
Mailing Address 1804 Auburn Ave			Amount	
City	State	Zip Code		0.30
Metaire	LA	70003		: <b>5e3856f4-849b-4136-a</b> sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	71160.25	Disbursement For: 2014 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Expenditure	'es			15.30
			7	7 -
(b) SUBTOTAL of Unitemized Independent Expend	itures		<b>•</b>	
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 24	2014

Schedule E)	IVI EXI EIVE	TIONES	PAGE 20 OF 6 FOR SE OF FORM 24/4	62 18
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	R▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	on
Brooke Graphia			07 / D D / Y Y Y Y Y 2014	¥
Mailing Address 2306 Brownlee Rd.			Amount	
City	State	Zip Code	20.0	00
Bossier City	LA	71111	Transaction ID : 9653f802-7d16-4dda- Date of Disbursement or Obligation	-8
Purpose of Expenditure Salary		Category/ Type 001	07 22 2014	Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Mary L Landrieu		X Oppose	President Senate State: L	
Calendar Year-To-Date Per Election for Office Sought	7	71160.25	Disbursement For: Primary ☐ Gen 2014 Other (specify) ▶	neral
Full Name of Payee			Date of Public Distribution/Dissemination	on
Brooke Graphia			07 22 7 2014	Y
Mailing Address 2306 Brownlee Rd.			Amount	
City	State	Zip Code	2.6	1
Bossier City	LA	71111	Transaction ID: e5856849-2d07-4fcf-8 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	07	Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Mary L Landrieu		Oppose	President State: State:	.A
Calendar Year-To-Date Per Election for Office Sought	77	71160.25	Disbursement For: Primary X Ger 2014 Other (specify) ▶	neral
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		22.61	
				=
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 24 Y 2014	
g.i.a.a.i.o				

Schedule E)		TIONES		PAGE 21 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Nick Berryhill			M M /	22 / 2014
Mailing Address 905 Lake Drive			Amount	
City	State	Zip Code		20.00
Shelby	NC	28152		: 786b9bd9-8e11-4c37-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		170440.82	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Nick Berryhill			07 /	22 / 2014
Mailing Address 905 Lake Drive			Amount	
City	State	Zip Code		5.10
Shelby	NC	28152		: 0bc7a63f-c272-4be6-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	170440.82	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures			25.10
			7	7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •	7
(c) TOTAL Independent Expenditures			<b>)</b>	7 7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 / 24	2014
•				

Schedule E)	INI EXI ENE	ATOTILO	PAGE 22 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St			07 22 2014  Amount
City New Orleans	State LA	Zip Code 70116	30.00  Transaction ID: 60230d0e-7bf9-44cd-9  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement of Obligation  M M M / D D / Y Y Y Y Y Y  07 22 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		71160.25	Disbursement For:  Primary
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St			07 22 2014 Amount
			Amount
City	State	Zip Code	9.00
New Orleans	LA	70116	Transaction ID : a6d99675-597c-46c3-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 22 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		71160.25	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		. ▶ 39.00
//s) CUDTOTAL of United in all Index and art Fun			
(b) SUBTOTAL of Unitemized Independent Exper	naitures		
(c) TOTAL Independent Expenditures			•
	lidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 24 2014
<b>J</b>			

Schedule E)	A ENDITORIES	PAGE 23 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee Melanie Slagle		Date of Public Distribution/Dissemination
Mailing Address 77 Southridge Drive		07 22 2014 Amount
City Stat	e Zip Code	20.00
Spruce Pine NC	·	Transaction ID : 70f2a471-ba34-406c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	170440.82 Disb 2014	ursement For:
Full Name of Payee Melanie Slagle  Mailing Address 77 Southridge Drive		Date of Public Distribution/Dissemination  07  22  Amount
		0.00
City Stat Spruce Pine NC	'	9.90  Transaction ID: 0716fd29-df3b-4192-a  Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 22 / Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought	170440.82 Dist	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	<b>&gt;</b>	29.90
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	<b>•</b>	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either	
Ms. Emily Buchanan	[Electronically Filed] Date	07 24 2014
Signature	_	

Schedule E)	VI EXI EIVE	TI OTILO	PAGE 24 FOR SE O	OF 62 F FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	ON NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on	Y = Y = Y
Full Name of Payee			Date of Public Distribution	/Dissemination
Ralphie Lockhart			07 / D D / 22	2014
Mailing Address 6310 Col Glenn Rd			Amount	
City	State	Zip Code		60.00
Little Rock	AR	72204	Transaction ID : 9776dab Date of Disbursement or	
Purpose of Expenditure Salary		Category/ Type 001	07 / 22 /	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Mr. Mark L Pryor		X Oppose	President Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	30949.42	Disbursement For:  Primar 2014  Other (specify) ▶	y X General
Full Name of Payee			Date of Public Distribution	n/Dissemination
Diane Smith			07 / 22	2014
Mailing Address 4006 Wolkswalk Place			Amount	
City	State	Zip Code		10.00
Raleigh	NC	27610	Transaction ID : 6c886251 Date of Disbursement or	
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / 22	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		X Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	170440.82	Disbursement For: ☐ Primar 2014 ☐ Other (specify) ▶	y X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			70.00
			7 7	
(b) SUBTOTAL of Unitemized Independent Expendent	litures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 24 Y 20	14
<del></del>				

Schedule E)	DENT EXICITE	TI OTILO	<u> </u>	PAGE 25 OF 62 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	D
Full Name of Payee			Date of Public D	Distribution/Dissemination
Diane Smith			07	22 / 2014
Mailing Address 4006 Wolkswalk Place			Amount	
City	State	Zip Code		6.90
Raleigh	NC	27610		: <b>78864796-3665-4951-8</b> ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	170440.82	Disbursement For:  2014  Other (spec	Primary
Full Name of Payee			Date of Public I	Distribution/Dissemination
Francesca Blom			M M / 07	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 101 Asbury Ct			Amount	
City	State	Zip Code		80.00
Winchester	VA	22602		<b>07849ae1-5958-4878-b</b> ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		170440.82	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Exper	nditures		<b>•</b>	86.90
			7	7
(b) SUBTOTAL of Unitemized Independent Exp	penditures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7.1.7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 24	2014
Signature				

Schedule E)	LIVI LXI LIVI	JII OI LO	PAGE 26 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Zachary Vidrine			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 Rue Des Cajun			Amount
City	State	Zip Code	35.00
Ville Platte	LA	70586	Transaction ID : a7c61a70-0f0b-4739-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 22 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		71160.25	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Zachary Vidrine			07 22 7 2014
Mailing Address 202 Rue Des Cajun			Amount
City	State	Zip Code	26.40
Ville Platte	LA	70586	Transaction ID : 39ddd974-0db9-482d-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 22 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	71160.25	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	litures		61.40
			1 7 1 7 1 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 24 7 2014
g			

Schedule E)	AT ENDITOTIES	PAGE 27 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination
Mailing Address 7214 Duchamp Dr		07 22 2014 Amount
City Sta:	te Zip Code	30.00
Charlotte No.	·	Transaction ID : e0827af0-f9b0-4050-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Kay Hagan	∑ Oppose □	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	170440.82 Disbu	rrsement For: Primary X General  Other (specify) ▶
Full Name of Payee Lorri Anderson  Mailing Address 7214 Duchamp Dr		Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
7211 Bushamp Bi		Amount
City Sta Charlotte No	'	9.60  Transaction ID: 354b78ca-7587-43f2-9  Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	170440.82 Disbu 2014	ursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	39.60
(b) SUBTOTAL of Unitemized Independent Expenditures.	······	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either	
Ms. Emily Buchanan	[Electronically Filed] Date 0	7 24 2014
Signature		

Schedule E)	IN EXILIVE	TI OTILO	<u> </u>	AGE 28 OF 62 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on/	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Myeisha M Ross			07 /	22 / 2014
Mailing Address 3411 Asher Ave			Amount	
City	State	Zip Code		14.50
Little Rock	AR	72209		: 7dc429ad-b7d1-4f8b-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		30949.42	Disbursement For:  2014  Other (special)	Primary
Full Name of Payee			Date of Public D	Distribution/Dissemination
Theresa Burkhart			M M / 07	22 / 2014
Mailing Address 3126 Chester Ct			Amount	
City	State	Zip Code		50.00
Metairie	LA	70006		c36b3a9f-df07-415c-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		71160.25	Disbursement For: 2014 Other (spec	Primary   X General ify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		·	64.50
(b) SUBTOTAL of Uniternized Independent Exper	nditures			
			7	45
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 / 24	2014
- 3				

Sch	edule E)	EXI END	101120		PAGE FOR SE	29 OF 62 OF FORM 24/48
	E OF COMMITTEE (In Full)				<u> </u>	ATION NUMBER ▼
Wc	omen Speak Out PAC				C C005307	66
Chec	k if 24-hour report X 48-hour report	New repo	ort Amends rep	ort filed on	M = M / D = D	/ Y = Y = Y = Y
	Tull Name of Payee Theresa Burkhart			Da	tte of Public Distribut	tion/Dissemination / Y Y Y Y Y Y Y Y Y Y 2014
N	Mailing Address 3126 Chester Ct			Aı	nount	
	Dity	State	Zip Code	— Г		7.68
-	Metairie	LA	70006		ansaction ID : 2c30ate of Disbursement	
	Purpose of Expenditure Mileage		Category/ Type 002		07 / 22	2014
١	Name of Federal Candidate		Support	Office Sc	ught: House	District: 00
	Ms. Mary L Landrieu		X Oppose	Pre	sident Senate	e State: LA
	Calendar Year-To-Date Per Election for Office Sought		71160.25	Disburse 2014	ment For: Prim  Other (specify) ▶	nary X General
	Full Name of Payee			D	ate of Public Distribu	tion/Dissemination
	Kevin L Battle				07 / D D D 22	/ Y Y Y Y Y 2014
N	Mailing Address 3300 Asher Ave				0, 12	2011
				A	nount	
	City	State	Zip Code			40.00
	Little Rock	AR	72204	Tra D	nsaction ID : 50a5a ate of Disbursement	4a9-a94b-459e-9 or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		07 / 22	2014
1	Name of Federal Candidate		Support	Office So	ught: House	District: 00
Ľ	Mr. Mark L Pryor		Oppose	Pro	esident X Senate	e State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	30949.42	Disburse 2014	ment For: Prin  Other (specify) ▶	nary X General
(a	) SUBTOTAL of Itemized Independent Expenditures			▶	<u> </u>	47.68
(b	) SUBTOTAL of Unitemized Independent Expenditure	res		<b>.</b>		<b>4</b> 1 4 1
(c	) TOTAL Independent Expenditures			··· <b>•</b>	7	7
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	e or authorized				
	Ms. Emily Buchanan	[Electroni	ically Filed] Dat	te 07	/ D D / Y D	2014
	Signature		_			

Schedule E)		1101120		PAGE 30 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour re	report New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Kevin L Battle				ic Distribution/Dissemination
Mailing Address 3300 Asher Ave			07	22 2014
			Amount	
City	State	Zip Code		15.00
Little Rock	AR	72204		ID: 250f52d3-0668-4e9c-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		30949.42	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Sarah Burckel				lic Distribution/Dissemination
			07	22 2014
Mailing Address 46 Glenwood Ave			Amount	
City	State	Zip Code		30.00
Harahan	LA	70123	Transaction Date of Disk	ID: 8bb8dbec-08f0-4cde-boursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 <sup>M</sup>	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		71160.25	Disbursement For: 2014 Other (s	Primary X General Specify) ►
(a) SUBTOTAL of Itemized Independent E	-vnandituras			45.00
(a) SOBTOTAL OF REINIZED INDEPENDENT E	.xperiuliules			45.00
(b) SUBTOTAL of Unitemized Independen	t Expenditures		<b>)</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	7 1 2
Under penalty of perjury I certify that the with, or at the request or suggestion of, at party committee) any political party commit	ny candidate or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	07 / 24	2014
Signature				

Schedule E)	PAGE 31 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Sarah Burckel	07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 46 Glenwood Ave	Amount
City State Zip Cod	de 0.31
Harahan LA 70123	Transaction ID : cb72a2d5-b086-442c-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Catego Ty	ory/
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 71160.25	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Robin L Bennett	07 22 7 2014
Mailing Address 3505 Beaumont St	Amount
Apt 13D	
City State Zip Cod Neosho MO 64850	Transaction ID: e11b35d7-3516-4b57-9
Purpose of Expenditure Salary Catego	Date of Disbursement or Obligation  ory/ Type 001 001 22 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 3094	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically File	led] Date 07 24 2014

Schedule E)	I EXI END	TOTILO		PAGE 32 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Robin L Bennett			07	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3505 Beaumont St			Amount	
Apt 13D				
City Neosho	State MO	Zip Code 64850	Transaction II	39.00 D : f1a696c2-44d9-4bff-a
	IVIO	04030		rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M M /	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	30949.42	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Theresa A Touchet			07 /	22 / 2014
Mailing Address 102 French Street #3			Amount	
City	State	Zip Code		22.50
New Orleans	NC	70124		: fe48560a-b7e3-49d8-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	71160.25	Disbursement For: 2014 Other (spe	Primary
(a) CURTOTAL of hamiltood laden and out Fune additional	_			04.50
(a) SUBTOTAL of Itemized Independent Expenditure	5		7	61.50
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 / 24	2014
Signature		_		

Schedu	ile E)	T EXI END			PAGE 33 OF 62 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	* M / D = D / Y = Y = Y
Full N	Name of Payee eresa A Touchet				of Public Distribution/Dissemination
Mailir	ng Address 102 French Street #3			Amou	07 22 2014 nt
City		State	Zip Code		0.90
	Orleans	NC	70124		action ID: a7f8f188-103b-42a2-8 of Disbursement or Obligation
Purpo Milea	ose of Expenditure age		Category/ Type 002		07 22 / 2014
Name	e of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. I	Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	71160.25	Disbursement 2014 O	t For:
	Name of Payee of Green				of Public Distribution/Dissemination
Mailii	ng Address 205 Medallion Circle			Amou	07 22 2014 nt
City		State	Zip Code		80.00
Shre	eveport	LA	71119	Transa Date	ction ID : a42dd8e3-a856-4b69-a of Disbursement or Obligation
Purp Sala	ose of Expenditure rry		Category/ Type 001	M	07 / 22 / Y Y Y Y Y
Nam	e of Federal Candidate		Support	Office Sough	t: House District: 00
Ms.	Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7 7	71160.25	Disbursemen 2014 O	t For:
(a) Sl	JBTOTAL of Itemized Independent Expenditure	es		•	80.90
(b) Sl	JBTOTAL of Unitemized Independent Expendit	tures			
(c) TO	DTAL Independent Expenditures			•	7 1 7 1 7
with, o	penalty of perjury I certify that the independent at the request or suggestion of, any candidate committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 07	24 / 2014
Sig	nature				

Schedule E)		TI OTILO		PAGE 34 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-h	our report X New rep	port Amends repo	ort filed on	D = D / Y = Y = Y
	our report	Joit Amends repo	of thied on	
Full Name of Payee Lily Green			Date of Public	Distribution/Dissemination
Mailing Address 205 Medallion Circle	9		Amount	
City	State	Zip Code		19.20
Shreveport	LA	71119		ID: 4df913c5-c9a5-4b17-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		71160.25	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Warren Gravois			M = M 07	22 2014
Mailing Address 16005 7th St				
			Amount	
City	State	Zip Code		25.00
Pearlington	MS	39572	Transaction II  Date of Disbu	D: 813b0104-2ceb-4961-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	71160.25	Disbursement For: 2014 Other (sp	Primary X General Decify) ►
(a) SUBTOTAL of Itemized Independ	ent Expenditures		•	44.20
(b) SUBTOTAL of Unitemized Independent	ndent Expenditures		. •	
(c) TOTAL Independent Expenditures	······		•	7
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party co	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	o7 24	2014
Signature				

Schedule E)	II EXI END	TIONES	PAG FOR	E 35 OF 62 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTI	FICATION NUMBER ▼
Women Speak Out PAC			C C005	30766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee Warren Gravois				ribution/Dissemination
Mailing Address 16005 7th St			07	22 2014
			Amount	
City	State	Zip Code		1.20
Pearlington	MS	39572	Transaction ID: 80 Date of Disbursement	d5d8241-ee5f-482a-8 ent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		22 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Ms. Mary L Landrieu		X Oppose	President X Se	nate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	71160.25	Disbursement For:  2014  Other (specify)	Primary General
Full Name of Payee	_		Date of Public Dist	ribution/Dissemination
Bradley K Kissinger				22 / Y Y Y Y Y Y Y 2014
Mailing Address 3113 Imperial Valley Dr.			Amount	
City	State	Zip Code		40.00
Little Rock	AR	72212	Transaction ID : e2	
Purpose of Expenditure Salary		Category/ Type 001		22 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Mr. Mark L Pryor		X Oppose	President X Se	enate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	30949.42	Disbursement For:  2014  Other (specify)	Primary General
(a) SUBTOTAL of Itemized Independent Expenditur	·00			41.20
(a) COLICINE OF HOMESON HASPONION EXPONION			7	71.20
(b) SUBTOTAL of Unitemized Independent Expendent	itures		•	4
(c) TOTAL Independent Expenditures			<b>•</b>	47
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 24 /	2014
Signataro				

Sche	dule E)	. EXI END			PAGE 36 OF 62 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y
	Name of Payee radley K Kissinger				of Public Distribution/Dissemination
Ма	iling Address 3113 Imperial Valley Dr.			Amour	07 22 2014
		0			
Cit <sub>y</sub> Lit	y ttle Rock	State AR	Zip Code 72212		9.90 action ID: 7c6a894f-9d0f-43ba-8 of Disbursement or Obligation
	rpose of Expenditure lleage		Category/ Type 002		07 22 2014
Na	me of Federal Candidate		Support	Office Sought	: House District: 00
Mr	. Mark L Pryor		Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	30949.42	Disbursement 2014 Of	t For:
Ful <b>J</b> é	II Name of Payee eanne Tribou				of Public Distribution/Dissemination
Ма	ailing Address 22369 Ponderosa Dr.			Amou	nt
Cit	у	State	Zip Code		45.00
	andeville	LA	70471	Transa Date of	ction ID : 8fb7b74b-494a-44da-a f Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001		07 22 / Y Y Y Y Y
Na	me of Federal Candidate		Support	Office Sough	t: House District:00
Ms	s. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, ,	71160.25	Disbursemen 2014 O	t For:
(a)	SUBTOTAL of Itemized Independent Expenditure	S			54.90
(b)	SUBTOTAL of Unitemized Independent Expenditu	ures			
(c)	TOTAL Independent Expenditures			· [	7
with,	er penalty of perjury I certify that the independe, or at the request or suggestion of, any candidaty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / / 07	24 2014
S	Signature				

Schedule E)	IN EXILINE	TI OTILO	PAGE 37 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			07
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	4.20
Mandeville	LA	70471	Transaction ID : 50f01bee-33d7-47ee-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		71160.25	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Mariah L Garcie			07 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9344 Forbing Rd			Amount
City	State	Zip Code	15.00
Shreveport	LA	71106	Transaction ID: 07d2e3b3-fcc9-42d6-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 22 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	- 7 7	71160.25	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		19.20
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>•</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	lidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New	w report Amends report filed on Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Mariah L Garcie	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9344 Forbing Rd	Amount
City State	Zip Code 4.50
Shreveport LA	71106 Transaction ID: 80db448f-3447-4d0c-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 07 07 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	71160.25 Disbursement For: Primary ☐ General Other (specify) ►
Full Name of Payee OBrian Price  Mailing Address 2400 Covenant Cove	Date of Public Distribution/Dissemination  07
City State	Zip Code 75.00
Little Rock AR	72204 Transaction ID : 02d49b2b-b8f1-4bef-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 / 22 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	79.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
	itures reported herein were not made in cooperation, consultation, or concert orized committee or agent of either, or (if the reporting entity is not a political
	ectronically Filed] Date 07 24 2014
Signature	

PAGE

38

OF

Schedule E)	LIVI EXI EN	BITOTILO	PAGE 39 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
OBrian Price			07
Mailing Address 2400 Covenant Cove			Amount
City	State	Zip Code	13.80
Little Rock	AR	72204	Transaction ID: 61777982-4cb2-4b3e-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		30949.42	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Kenny Wallis			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6412 Osage Dr			Amount
City	State	Zip Code	25.00
North Little rock	AR	72116	Transaction ID : 57d6f67e-9531-4b91-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	30949.42	Disbursement For:  Primary  General 2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		38.80
			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	ndidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	VI EXI EIVE	TIONES	PAGE FOR SI	40 OF 62 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFIC	ATION NUMBER ▼
Women Speak Out PAC			C C005307	66
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on Man / Dan	/
Full Name of Payee			Date of Public Distribu	tion/Dissemination
Kenny Wallis			07 / 22	2014
Mailing Address 6412 Osage Dr			Amount	
City	State	Zip Code		4.38
North Little rock	AR	72116	Transaction ID : 0b63 Date of Disbursement	
Purpose of Expenditure Mileage		Category/ Type 002	07 / D D D 22	2014
Name of Federal Candidate		Support	Office Sought: House	e District: 00
Mr. Mark L Pryor		X Oppose	President Senat	e State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	30949.42	Disbursement For: Pring 2014 Other (specify) ▶	nary X General
Full Name of Payee			Date of Public Distribu	ition/Dissemination
Laura U Logie			07 / D D D 22	2014
Mailing Address 2565 Shire Circle			Amount	
City	State	Zip Code		20.00
Harrisonburg	VA	22801	Transaction ID : 13fae Date of Disbursement	
Purpose of Expenditure Salary		Category/ Type 001	07 / D D D	2014
Name of Federal Candidate		Support	Office Sought: House	e District: 00
Ms. Kay Hagan		X Oppose	President Sena	
Calendar Year-To-Date Per Election for Office Sought	7	170440.82	Disbursement For: Pring 2014 Other (specify)	mary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			24.38
			7	7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		<b>&gt;</b>	-
(c) TOTAL Independent Expenditures			<b>•</b>	4 4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 24 Y	2014
Signaturo				

Schedule E)	I EXI EIID			PAGE 41 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ert filed on	M / D D / Y Y Y Y
Z4-nour report 46-nour report	New repo	ort Amends repo	ort filled off	
Full Name of Payee Danielle McCoy			M	f Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			Amoun	:
City	State	Zip Code		87.50
High Point	NC	27260		action ID: b5e2a3cc-b314-48e8-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	07 22 7 2014
Name of Federal Candidate		Support	Office Sought:	: House District: 00
Ms. Kay Hagan		X Oppose	Presider	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 1	170440.82	Disbursement 2014 Oth	For: Primary X General
Full Name of Payee Danielle McCoy				f Public Distribution/Dissemination
				07 22 7 2014
Mailing Address 1025 Cayley Ct			Amoun	nt
City	State	Zip Code		21.00
High Point	NC	27260		ction ID: 5775e723-33d4-47e0-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 22 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Kay Hagan		Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	170440.82	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
() 01070711 (11 11 11 11 11 11 11 11 11				
(a) SUBTOTAL of Itemized Independent Expenditure	<b>∋</b> S		• •	108.50
(b) SUBTOTAL of Unitemized Independent Expendit	tures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / 07	24 2014
Signature		_		

Schedule E)	JENT EXILINE	TIONES	PAGE 42 FOR SE O	OF 62 F FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATI	ON NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	Y = Y = Y = Y
Full Name of Payee			Date of Public Distribution	/Dissemination
Chris McCoy			07 / 22	2014
Mailing Address 1025 Cayley Ct			Amount	
City	State	Zip Code		80.00
High Point	NC	27260	Transaction ID : bc98f340 Date of Disbursement or	
Purpose of Expenditure Salary		Category/ Type 001	07 / 22 /	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		X Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	7	170440.82	Disbursement For: Primary 2014 Other (specify) ▶	y X General
Full Name of Payee	<u> </u>		Date of Public Distribution	n/Dissemination
Chris McCoy			07 / D D /	2014
Mailing Address 1025 Cayley Ct			Amount	
City	State	Zip Code		18.30
High Point	NC	27260	Transaction ID : 463ebc87 Date of Disbursement or	
Purpose of Expenditure Mileage		Category/ Type 002	07 / 22	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Kay Hagan		Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought		170440.82	Disbursement For:  Primar 2014  Other (specify) ▶	y X General
(a) SUBTOTAL of Itemized Independent Exper	nditures			98.30
			7 7	
(b) SUBTOTAL of Unitemized Independent Exp	penditures		·	-
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 24 Y 20	14
- 3				

Schedule E)	CIVI CXI CIVI	SHORES	PAGE 43 OF 6 FOR SE OF FORM 24/4	2 8
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	R ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	n
Larry Freeman			07 / D D / Y Y Y Y Y Y 2014	Y
Mailing Address 11214 Mesa drive			Amount	
City	State	Zip Code	70.0	00
Little rock	AR	72211	Transaction ID : b12e54e8-cb68-41cf-s Date of Disbursement or Obligation	9
Purpose of Expenditure Salary		Category/ Type 001	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District: 0	0
Mr. Mark L Pryor		X Oppose	President Senate State: AF	₹
Calendar Year-To-Date Per Election for Office Sought		30949.42	Disbursement For:  Primary  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  General  General  General   General   General   Gener	eral
Full Name of Payee			Date of Public Distribution/Dissemination	on
Francis Richardson			07	* Y
Mailing Address 220 Doucet Rd			Amount	
City	State	Zip Code	35.00	)
Lafayette	LA	70503	Transaction ID : 0e6da4c6-0aed-45aa-k Date of Disbursement or Obligation	)
Purpose of Expenditure Salary		Category/ Type 001	07 D D D / Y Y Y 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 0	0
Ms. Mary L Landrieu		X Oppose	President Senate State: L	4
Calendar Year-To-Date Per Election for Office Sought		71160.25	Disbursement For:  Primary  Gen 2014  Other (specify) ▶	eral
(a) SUBTOTAL of Itemized Independent Expen	ditures		105.00	$\neg$
			7 7 7	
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee or	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07	
<b>J</b>				

Sche	dule E)	EXI EIID	101120		PAGE 44 OF 62 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
				M	M / D D / Y Y Y Y
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	
Full <b>F</b>	I Name of Payee rancis Richardson			M	of Public Distribution/Dissemination
Ма	iling Address 220 Doucet Rd			Amour	07 22 2014 nt
0		0	7: 0 !		200
City	y fayette	State LA	Zip Code 70503		2.22 action ID : e5d623de-b9cc-45f0-a
	rpose of Expenditure leage		Category/ Type 002	M	of Disbursement or Obligation  O7 22 2014
Nai	me of Federal Candidate		Support	Office Sought	:: House District: 00
Ms	s. Mary L Landrieu		Support Oppose	Preside	Plottot.
	Calendar Year-To-Date Per Election for Office Sought	y y	71160.25	Disbursement 2014 Ot	For: Primary
Ful	Name of Payee				of Public Distribution/Dissemination
M	Ir. Alex Peyton				07
Ma	illing Address 859 Hicks Rd			L	07 22 2014
				Amour	nt
Cit	у	State	Zip Code		50.00
	ashington	LA	70589	Transa Date o	ction ID: b0701b99-ccf3-43d6-9 of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001	М	07
Na	me of Federal Candidate		Support	Office Sough	t: House District: 00
Ms	s. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	yy	71160.25	Disbursement 2014 Of	t For:
(a)	SUBTOTAL of Itemized Independent Expenditures	S		•	52.22
(b)	SUBTOTAL of Unitemized Independent Expenditu	ıres			
(c)	TOTAL Independent Expenditures			•	7 7
with,	er penalty of perjury I certify that the independer or at the request or suggestion of, any candidat y committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M M /	24 2014
S	Signature				

Schedule E)	I EXI END	ITOTIES		PAGE 45 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Mr. Alex Peyton			07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 859 Hicks Rd			Amount	
City	State	Zip Code		43.50
Washington	LA	70589		n ID: 0bf0f890-429e-4348-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 07	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		71160.25	Disbursement For: 2014 Other (	Primary ⊠ General
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Michael Vidrine			M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1103 West Wilson Street			Amount	
City	State	Zip Code		60.00
Ville Platte	LA	70586		ID: 73a28aba-6bbc-4ccd-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	/ D D Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	71160.25	Disbursement For: 2014 Other (	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	es			103.50
<b>(,</b>				7 7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	7
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 / 24	

Schedule E)	NOENT EXILID	ITORES	<b>⊢</b>	PAGE 46 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour rep	port New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Michael Vidrine			07 /	22 / 2014
Mailing Address 1103 West Wilson Street			Amount	
City	State	Zip Code		32.10
Ville Platte	LA	70586		9 : 7e4116aa-6201-4095-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought		71160.25	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Shelby J Davis			07 /	22 / 2014
Mailing Address 6414 The Divide Pkwy			Amount	
Apt 204	_			
City Little Rock	State AR	Zip Code 72223		45.00 : ef90c5d4-8dc7-47d4-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbur	sement or Obligation  22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		30949.42	Disbursement For: 2014 Other (spe	Primary ☐ General
•				
(a) SUBTOTAL of Itemized Independent Ex	penditures		<b>•</b>	77.10
(b) SUBTOTAL of Unitemized Independent	Expenditures		<b>&gt;</b>	72
(c) TOTAL Independent Expenditures			<b>•</b>	1 7 1 7
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 / 24	2014
-				

Schedule E)	, inder enden	EXI ENDI	TONES				PAGE 47	OF 62 FORM 24/48
NAME OF COMMITTEE (In Full						FEC ID		ON NUMBER ▼
Women Speak Out P.	AC						C00530766	
Check if 24-hour report	X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M /	D   D /	Y
Full Name of Payee Shelby J Davis					Da		Distribution/I	
						07	22	2014
Mailing Address 6414 The [	Divide Pkwy				Aı	mount		
Apt 204		State	Zip Code		—Г			17.40
Little Rock	`	AR	72223				ID: 4cb3163b	-762b-403b-b
Purpose of Expenditure Mileage			Category/ Type	002		of Disbu	rsement or O	2014
Name of Federal Candidate	;		<u>.                                    </u>	Support	Office So	puaht:	House [	District: 00
Mr. Mark L Pryor				Oppose		_	X Senate	State: AR
Calendar Year-To-Date Per Election for Office	Sought		30949.42		Disburse 2014	ment For:	Primary	X General
Full Name of Payee					D		c Distribution/	Dissemination
Sharon Lloyd						м = м 07	/ 22 /	2014
Mailing Address 4301 La	nkford					07	22	2014
					A	mount		
City	:	State	Zip Code					45.00
Springdale		AR	72762		<b>Tra</b>	ansaction II ate of Disbu	D: 45e4caff-7 ursement or C	df3-45c1-b Obligation
Purpose of Expenditure Salary			Category/ Type	001		07	22	2014
Name of Federal Candidate	;			Support	Office So	ought:	House	District: 00
Mr. Mark L Pryor			X	Oppose	Pro	esident	X Senate	State: AR
Calendar Year-To-Date Per Election for Office			30949.4	.2	Disburse 2014	ment For:	Primary	X General
•								
(a) SUBTOTAL of Itemized I	ndependent Expenditures.				•		7	62.40
(b) SUBTOTAL of Unitemize	d Independent Expenditure	es						-1-70
( ) TOTAL Index and and Fun					_			
(c) TOTAL Independent Exp	enditures				•	7	7	
Under penalty of perjury I ce with, or at the request or sug party committee) any political	ggestion of, any candidate	or authorized						
Ms. Emily Buchar	ıan	[Electron	ically Filed]	Date	M M M M M M M M M M M M M M M M M M M	/ D D D 24	/ Y Y Y 2014	
Signature			_ `	Date			-	

Schedule	E)	TI EXI END			PAGE 48 OF 62 FOR SE OF FORM 24/48
	OMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
					M = M / D = D / Y = Y = Y
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	
	e of Payee on Lloyd				of Public Distribution/Dissemination
Mailing A	ddress 4301 Lankford			L	07 22 2014
				Amou	unt
City		State	Zip Code		9.69
Springda		AR	72762		saction ID : fe9765a1-a17b-4d37-8 of Disbursement or Obligation
Mileage	of Expenditure		Category/ Type 002		07 / 22 / Y Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	ht: House District: 00
Mr. Mark	L Pryor		X Oppose	Presid	dent State: AR
0.0	endar Year-To-Date Election for Office Sought	, , ,	30949.42	Disbursemer 2014	nt For:
	e of Payee			Date	of Public Distribution/Dissemination
Christ	ine Stevens				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing A	Address 100 Asbury Ct				·
	·			Amou	unt
City		State	Zip Code	<b>П</b> Г.	70.00
Winches		VA	22602		action ID : f997fbdc-aa13-4234-9 of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001		07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Kay	Hagan		Oppose	Presid	dent State: NC
	endar Year-To-Date Election for Office Sought	7	170440.82	Disbursemen 2014	ont For:
(a) SUBT	OTAL of Itemized Independent Expenditu	ires		. •	79.69
(b) SUBT	OTAL of Unitemized Independent Expendent	ditures		· •	
(c) TOTAI	Independent Expenditures				
with, or at	nalty of perjury I certify that the independent the request or suggestion of, any candio mittee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 07	24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signatu	ire				

Schedule E)	LINDITOTICS	PAGE 49 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	ed on
	Amends report inc	
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination  07  07  07  07  07  07  07  07
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount
City State	Zip Code	70.00
Winchester VA	22602	Transaction ID : ac73583e-09ae-4941-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	170440.82 Disl 201	bursement For:  Primary
Full Name of Payee Alexa S Dudley		Date of Public Distribution/Dissemination
Mailing Address 4367 Splitlog Rd		07 22 2014 Amount
City State	Zip Code	15.00
Goodman MO	64843	Transaction ID : f1da547f-bfd7-4c38-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 22 7 2014
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	30949.42 Dis 201	bursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	85.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or at party committee) any political party committee or its agent.		
Ms. Emily Buchanan	[Electronically Filed] Date	07 24 2014
Signature		

			FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FE	C IDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	C	C00530766
Checl	k if 24-hour report X 48-hour report New report Amends report filed of	on M M	/ D D / Y Y Y Y
	ull Name of Payee Alexa S Dudley	Date of P	ublic Distribution/Dissemination
	,	07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 4367 Splitlog Rd	Amount	
С	State Zip Code		24.00
			on ID : 2dbf5bc0-6a87-45e4-9 isbursement or Obligation
	Purpose of Expenditure  Mileage  Category/ Type  002	07	22 2014
Ν	lame of Federal Candidate Support Office	Sought:	House District: 00
N	Mr. Mark L Pryor Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	sement Fo	r: Primary ⊠ General
	Jeffrey Hampton		ublic Distribution/Dissemination
N	Mailing Address 1700 E Part Ave	Amount	
	City State Zip Code		72.50
<u> </u>			on ID: d2e6c6e3-fd00-43d0-8 visbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	07	/ 22 / Y 2014
Ν	Name of Federal Candidate Support Office	Sought:	House District: 00
ľ	Mr. Mark L Pryor Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	sement Fo	or: Primary X General (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures		96.50
<b>(b</b> )	SUBTOTAL of Unitemized Independent Expenditures		7.1.7.1.5.1
(c)	TOTAL Independent Expenditures		7 7 5
wit	der penalty of perjury I certify that the independent expenditures reported herein were not made, or at the request or suggestion of, any candidate or authorized committee or agent of either, rty committee) any political party committee or its agent.		
	Ms. Emily Buchanan  [Electronically Filed] Date  O7	M / D	24 2014
	Oignature		

PAGE

50

OF

Sch	hedule E)	IXI EIIDI	101120				PAGE 51 OF 62 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	ck if 24-hour report X 48-hour report	X New repo	ort Ame	ends repo	ort filed on	M = M /	D = D / Y = Y = Y
Τ	Full Name of Payee Jeffrey Hampton					of Public	Distribution/Dissemination
	Mailing Address 1700 E Part Ave				Amou	07	22 2014
H	Cia. Ct	tate	Zin Codo				82.02
-	- "	tate AR	Zip Code 72149				82.02 D : <b>7e6ed865-5725-47ba-8</b> Irsement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		M M /	22 / 2014
	Name of Federal Candidate		s	Support	Office Sough	ht:	House District: 00
	Mr. Mark L Pryor			Oppose	Presid	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		30949.42		Disbursemer 2014	nt For: Other (sp	Primary
	Full Name of Payee Sarinda S Dudley  Mailing Address 4367 Splitlog Rd					of Public	Distribution/Dissemination
					Amo	unt	
	•	tate MO	Zip Code 64843				15.00 D: 6378aefe-127c-4728-a
	Purpose of Expenditure Salary	-	Category/ Type	001		M M M M	ursement or Obligation  22 2014
	Name of Federal Candidate		<u> </u>	Support	Office Soug	ht:	House District: 00
	Mr. Mark L Pryor			Oppose	Presid		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		30949.42	2	Disburseme 2014	nt For: Other (sp	Primary X General Decify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures					7	97.02
(k	b) SUBTOTAL of Unitemized Independent Expenditures	\$				1 -7	1 1 2 1 1 2 1
(0	c) TOTAL Independent Expenditures				•		
W	Inder penalty of perjury I certify that the independent e vith, or at the request or suggestion of, any candidate of arty committee) any political party committee or its ager	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	07	24	2014
	Signature						

Schedul	e E)	I EXI END			PAGE 52 OF 62 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
		<u> </u>			
	ame of Payee rri Zerbel				of Public Distribution/Dissemination 07
Mailing	Address 804 Mary Ave			Amou	nt
City		State	Zip Code		85.00
Neash	00	МО	64850		action ID: 3b30279b-5e00-4050-8 of Disbursement or Obligation
Purpos Salary	e of Expenditure		Category/ Type 001	N.	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Ma	ark L Pryor		X Oppose	Preside	ent State: AR
	alendar Year-To-Date er Election for Office Sought	7	30949.42	Disbursement 2014 O	t For: Primary
Full Na	ame of Payee rri Zerbel			Date	of Public Distribution/Dissemination
Sile	III Zerbei			N	07 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing	g Address 804 Mary Ave			Amou	nt
City		State	Zip Code	— r	29.40
Neast	no	МО	64850	Transa Date	oction ID: a9e83e5a-d20d-4fbf-a of Disbursement or Obligation
Purpos Milea	se of Expenditure ge		Category/ Type 002		07 22 7 2014
Name	of Federal Candidate		Support	Office Sough	it: House District: 00
Mr. Ma	ark L Pryor		X Oppose	Presid	ent Senate State: AR
	alendar Year-To-Date er Election for Office Sought	, , ,	30949.42	Disbursemer 2014	nt For:  Primary
(a) SUE	BTOTAL of Itemized Independent Expenditure	es			114.40
					7 7 7
(b) SUE	BTOTAL of Unitemized Independent Expendit	ures		. •	4 4 4
(c) TOT	AL Independent Expenditures			<b>•</b>	7 7
with, or	enalty of perjury I certify that the independe at the request or suggestion of, any candida mmittee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 07	24 2014
Sign	ature		_		

Schedule E)	VI EXI EIVE	TI OILE	PAGE 53 FOR SE OF	OF 62 FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	ON NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on	Y Y Y Y Y
Full Name of Payee			Date of Public Distribution	/Dissemination
Charity Zerbel			07 / 22	2014
Mailing Address 804 Mary Ave			Amount	
City	State	Zip Code		85.00
Neosho	МО	64850	Transaction ID : ad9868et  Date of Disbursement or 0	
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / 22	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Mr. Mark L Pryor		X Oppose	President Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	30949.42	Disbursement For:  Primary 2014  Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution	/Dissemination
Charity Zerbel			07 / 22	2014
Mailing Address 804 Mary Ave			Amount	
City	State	Zip Code		29.40
Neosho	МО	64850	Transaction ID : 8e140a10 Date of Disbursement or 0	
Purpose of Expenditure Mileage		Category/ Type 002	07 / 22 /	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Mr. Mark L Pryor		X Oppose	President Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	7	30949.42	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditu	res			114.40
			7	
(b) SUBTOTAL of Unitemized Independent Expend	litures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 / 24 / 201	4
-				

Schedule E)		INT EXI END			PAGE 54 OF 62 FOR SE OF FORM 24/48
	MITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	peak Out PAC				C C00530766
Check if 24	4-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
		Mew leb	ort America repo	I med on	
Full Name (					of Public Distribution/Dissemination
Mailing Add	ress 3110 Brentwood Rd			Amou	nt
City		State	Zip Code		25.00
Raleigh		NC	27604		action ID : e1016a00-4f54-42ae-a of Disbursement or Obligation
Purpose of Salary	Expenditure		Category/ Type 001	М	07 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fe	ederal Candidate		Support	Office Sough	t: House District:00
Ms. Kay Ha	ngan		X Oppose	Preside	ent Senate State: NC
	lar Year-To-Date ection for Office Sought	7	170440.82	Disbursemen 2014 O	t For:
Full Name				Date	of Public Distribution/Dissemination
Lee R C	arter			IV	07 22 2014
Mailing Add	Iress 3110 Brentwood Rd				0. 2. 2017
				Amou	nt
City		State	Zip Code	<b>П</b> Г.	2.10
Raleigh		NC	27604	Transa Date	oction ID: 7f199665-136b-4239-9 of Disbursement or Obligation
Purpose of Mileage	Expenditure		Category/ Type 002	N/	07 22 7 2014
Name of Fe	ederal Candidate		Support	Office Sough	t: House District:00
Ms. Kay Ha	agan		X Oppose	Preside	ent Senate State: NC
	dar Year-To-Date ection for Office Sought		170440.82	Disbursemen 2014 O	t For:
(a) SUBTOT	AL of Itemized Independent Expendi	tures		•	27.10
(b) SUBTOT	AL of Unitemized Independent Exper	nditures		· •	7 1 7 1 7
(c) TOTAL	ndependent Expenditures			•	7
with, or at th	y of perjury I certify that the indeper e request or suggestion of, any cand tee) any political party committee or	didate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 07	24 2014
Signature					

······································	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	I on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Cassidy Quartararo	07 22 / 2014
Mailing Address 632 Cameron Court	Amount
City State Zip Code	55.00
Kenner LA 70065	Transaction ID : a99a078e-4f36-4ada-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07
Name of Federal Candidate Support Office	e Sought: House District:00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Cassidy Quartararo	Date of Public Distribution/Dissemination  07
Mailing Address 632 Cameron Court	Amount
City State Zip Code	1.35
Kenner LA 70065	Transaction ID : 0812b6b4-eef8-4854-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  O02	07
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbrace 71160.25	ursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	56.35
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date	07 24 2014
Signature	

PAGE

55

OF

Schedule	E)		110.120		PAGE 56 OF 62 FOR SE OF FORM 24/48
	OMMITTEE (In Full)			1	FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
	e of Payee onya Boyd				f Public Distribution/Dissemination
Mailing A	ddress 2357 Fancy Cap Rd			Amoun	07 22 2014 t
City		State	Zip Code		90.00
Mt. Airy		NC	27030		ction ID : 3a31f811-fcda-4ec2-a f Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001	M	07 22 2014
Name of	Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay	Hagan		X Oppose	Preside	
	endar Year-To-Date Election for Office Sought	, , ,	170440.82	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
	e of Payee Dnya Boyd ddress 2357 Fancy Cap Rd	•		M	f Public Distribution/Dissemination  M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code		19.83
Mt. Airy		NC	27030	Transac Date o	ction ID: bddb6729-e817-47d7-8 f Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002		07
Name of	Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay	Hagan		X Oppose	Preside	nt Senate State: NC
	endar Year-To-Date Election for Office Sought		170440.82	Disbursement 2014 Ot	For: Primary ⊠ General
(a) SUBT	OTAL of Itemized Independent Expendent	itures		<b>.</b>	109.83
(b) SUBT	OTAL of Unitemized Independent Expe	nditures			
(c) TOTAI	Independent Expenditures			•	7 7 7
with, or at	alty of perjury I certify that the indepe the request or suggestion of, any can mittee) any political party committee or	didate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	07	24 2014
Signatu	ire				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Taylor N Randall	07
Mailing Address 2002 E Park Ave Apt 40	mount
City State Zip Code	50.00
Searcy AR 72143 Tr	ransaction ID : 3661a611-bbf2-417e-a ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	07 22 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
Mr. Mark I. Pryor	esident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For: Primary General
Full Name of Page	Other (specify)
Full Name of Payee Taylor N Randall	ate of Public Distribution/Dissemination
Mailing Address 2002 E Park Ave	mount
Apt 40	
City State Zip Code	72.00
D. D.	ansaction ID: 24c9f532-8e98-49a0-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 / 22 / 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Mr. Mark L Pryor Oppose Pre	esident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	122.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	24 2014
Signature Date 07	2017

PAGE 57

OF

Schedule E)	1121 0111 01 11121 2.1.	/LIVI L/VI LIVE	1101120		PAGE 58 OF 62 FOR SE OF FORM 24/48
NAME OF COM					FEC IDENTIFICATION NUMBER ▼
Women Sp	eak Out PAC				C C00530766
Check if 24-	hour report X 48-hour report	New rep	port Amends repo	ort filed on	* M / D = D / Y = Y = Y
Full Name of Tabetha	Payee D Espenschied			М	of Public Distribution/Dissemination
Mailing Addre	ess 2002 East Park Ave			Amour	07 22 2014 nt
0"	Apt 40				100.00
City Searcy		State AR	Zip Code 72143		100.00 action ID: b1e08a00-a428-4a2c-b of Disbursement or Obligation
Purpose of E Salary	Expenditure		Category/ Type 001		07 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fed	deral Candidate		Support	Office Sought	t: House District: 00
Mr. Mark L F	Pryor Pryor		X Oppose	Preside	Place Blattet.
	r Year-To-Date ction for Office Sought		30949.42	Disbursement 2014 Ot	t For: Primary
Full Name o Benjamir Mailing Addr	n Hernandez				of Public Distribution/Dissemination  07
City		State	Zip Code		95.00
Searcy		AR	72149	Transa Date o	ction ID: 7216eb15-9305-461e-8 of Disbursement or Obligation
Purpose of E Salary	Expenditure		Category/ Type 001	M	07
Name of Fed	deral Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L F	Pryor		Oppose	Preside	
	ar Year-To-Date ction for Office Sought		30949.42	Disbursement 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTA	L of Itemized Independent Exper	nditures		· [	195.00
(b) SUBTOTA	L of Unitemized Independent Exp	oenditures		. •	171171171
(c) TOTAL In	dependent Expenditures			<b>•</b>	7
with, or at the		andidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	Ms. Emily Buchanan	[Electron	nically Filed] Date	07	24 2014
Signature					

Schedule E)	ENT EXILIN	DITORLO	PAGE 59 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination
Mailing Address 915 E Market Ave			07 22 / 2014
5 510 E Market 7170			Amount
City	State	Zip Code	132.30
Searcy	AR	72149	Transaction ID : fe76501a-5efb-4670-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		30949.42	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Anthony Pearson			07 22 / 2014
Mailing Address 112 apache Dr			Amount
City	State	Zip Code	95.00
Search	AR	72149	Transaction ID : f8e13446-aeee-4fe1-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 22 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		30949.42	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		. ▶ 227.30
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
(,,			Agr.   Agr.   Agr.
(c) TOTAL Independent Expenditures			
	ididate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07
Signaturo			

Sch	edule E)	I EXI EIIDI			PAGE 60 OF 62 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Chec	k if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	T = M / D = D / Y = Y = Y
	Full Name of Payee Timothy Foley				of Public Distribution/Dissemination
N	Mailing Address 20679 Glenbrook Terrace			Amou	07 22 2014 unt
	Dity	State	Zip Code		35.00
	Sterling	VA	20165		saction ID : f4fe2cb3-12be-4529-9 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		07 22 7 2014
N	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
N	Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	1	170440.82	Disbursemen 2014 O	nt For:
	Full Name of Payee  Morgan R Padgett  Mailing Address 2164 Kay Rd				of Public Distribution/Dissemination
	viailing Address 2164 Kay Rd			Amou	unt
-	Dity Greenville	State NC	Zip Code 27858	Transa	20.00 action ID : d37a4797-9cda-4888-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		07 22 2014
N	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
ľ	Ms. Kay Hagan		X Oppose	Preside	lent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , ,	170440.82	Disbursemer 2014	nt For:  Primary
(a)	) SUBTOTAL of Itemized Independent Expenditure:	s			55.00
(b)	) SUBTOTAL of Unitemized Independent Expenditu	ures		· [	
(c)	) TOTAL Independent Expenditures			•	7
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidaterty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed] Date	07	24 2014
	Signature				

Schedule E)	IVI EXI ENL	JII OI LE	PAGE 61 OF 62 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC			C C00530766		
Check if 24-hour report					
Full Name of Payee Reagan Brackett			Date of Public Distribution/Dissemination		
Mailing Address 502 E Center Ave			07 22 7 2014		
5 502 E OCHICI AVC			Amount		
City	State	Zip Code	80.00		
Searcy	AR	72143	Transaction ID: f0e5a32c-669f-4a26-9 Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District:00		
Mr. Mark L Pryor		X Oppose	President Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	-	30949.42	Disbursement For:  Primary  General 2014  Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination		
Reagan Brackett			07 22 7 2014		
Mailing Address 502 E Center Ave			Amount		
City	State	Zip Code	80.58		
Searcy	AR	72143	Transaction ID: 460814fb-ea1f-49e8-8 Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	07 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District:00		
Mr. Mark L Pryor		X Oppose	President Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		30949.42	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitermized Independent Expen	ditures		• •		
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 24 2014		
Signature					

FEC IDENTIFICATION NUMBER   FEC IDENTIFICATION NUMBER   C   C 00530766		neddie E)	FOR SE OF FORM 24/48			
Check if			FEC IDENTIFICATION NUMBER ▼			
Full Name of Payee Caleb Craig  Mailing Address 1410 Bushville drive  NC 28645  Purpose of Expenditure Salary Name of Payee Caleb Craig  Mailing Address 1410 Bushville drive  NC 28645	VV	omen Speak Out PAC	C C00530766			
Caleb Craig  Mailing Address 1410 Bushville drive  City State Zip Code NC 28645  Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Purpose of Expenditure City State Zip Code Per Election for Office Sought  City State Zip Code NC 28645  Disbursement For: Primary General Calendar Year-To-Date Purpose of Expenditure Mileage  Name of Pederal Candidate  NC 28645  Date of Public Distribution/Dissemination  Office Sought  Transaction ID : eb359bf3-102b-4667-a Date of Disbursement or Obligation  Transaction ID : eb359bf3-102b-4667-a Date of Disbursement For: Primary General Calendar Year-To-Date Primary State Cale Office Sought  Transaction ID : 781b6442-a054-4091-a Date of Public Distribution/Dissemination  Office Sought  Transaction ID : 781b6442-a054-4091-a Date of Public Distribution/Dissemination  Office Sought  Transaction ID : 781b6442-a054-4091-a Date of Public Distribution/Dissemination  Office Sought  Transaction ID : 781b6442-a054-4091-a Date of Public Distribution/Dissemination  Office Sought  Transaction ID : 781b6442-a054-4091-a Date of Public Distribution/Dissemination  Office Sought  Transaction ID : 781b6442-a054-4091-a Date of Public Distribution/Dissemination  Office Sought  Transaction ID : 781b6442-a054-4091-a Date of Public Distribution/Dissemination  Office Sought  Transaction ID : 781b6442-a054-4091-a Date of Public Distribution/Dissemination  Office Sought  Transaction ID : 781b6442-a054-4091-a Date of Public Distribution/Dissemination  Office Sought  Transaction ID : 781b6442-a054-4091-a Date of Public Distribution/Dissemination  Office Sought  Transaction ID : 781b6442-a054-4091-a Date of Public Distribution Dissemination  Office Sought  Transaction ID : 781b6442-a054-4091-a Date of Public Distribution Dissemination  Office Sought  Transaction ID : 781b6442-a054-4091-a Date of Public Distribution Dissemination  Office Sought  Transaction ID : 781b6442-a054-4091-a Date of Public Distribution Dissemination  Office Sought  Transaction ID : 781b6442-a05	Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y			
Mailing Address 1410 Bushville drive  City State Zip Code NC 28645  Purpose of Expenditure Salary Oppose  Mame of Federal Candidate State State NC Oppose  Ms. Kay Hagan Sought 170440.82 State State NC Other (specify) ▶  Full Name of Payee Caleb Craig Mailing Address 1410 Bushville drive  City State Zip Code Disbursement For Primary General Office Sought Amount  City State Zip Code Calegory Oppose President Senate State: NC Other (specify) ▶  Date of Public Distribution/Dissemination  City State Zip Code Calegory Oppose Transaction ID : #8156442-a054-4091-9  Date of Public Distribution/Dissemination  City State Zip Code Calegory Oppose President Senate State: NC Oppose Office Sought Transaction ID : #816442-a054-4091-9  Date of Public Distribution/Dissemination  Calegory Oppose President Senate State: NC Oppose President Senate State: NC Oppose Office Sought Transaction ID : #816442-a054-4091-9  Date of Disbursement or Obligation  Transaction ID : #816442-a054-4091-9  Date of Disbursement or Obligation  Transaction ID : #816442-a054-4091-9  Date of Disbursement or Obligation  Transaction ID : #816442-a054-4091-9  Date of Public Distribution/Dissemination  Transaction ID : #816442-a054-4091-9  Date of Public Distribut	Т		Date of Public Distribution/Dissemination			
City State Zip Code Lenoir NC 28645  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Pre Election for Office Sought  Mailing Address 1410 Bushville drive  City State Zip Code NC 28645  Transaction ID: eb359613-1028-4687-a Date of Dibbursement or Obligation  Total Calendar Year-To-Date Pre Election for Office Sought  Total Name of Payee Cale Date of Dibbursement For: Primary General  Total Name of Payee Cale Cale Cale Calendar Year-To-Date Purpose of Expenditure Mileage  NC 28645  Transaction ID: eb359613-1028-4687-a Date of Dibbursement or Obligation  Total Year-To-Date Primary General  Total Name of Payee Cale Calendar Year-To-Date Purpose of Expenditure Mileage  Name of Federal Candidate NG 28645  Transaction ID: 7816442-a054-4091-9 Date of Disbursement or Obligation  Total Year-To-Date President Senate State: NC  Transaction ID: 7816442-a054-4091-9 Date of Disbursement or Obligation  Total Year-To-Date President Senate State: NC  Disbursement For: Primary General  Total Oscillate NG 2014  Total Oscillate N		ŭ .				
Lenoir   NC   28645   Transaction ID : eb359b/3-102b-4667-a Date of Disbursement or Obligation		Mailing Address 1410 Bushville drive	Amount			
Lenoir   NC   28645   Transaction ID : eb359b/3-102b-4667-a Date of Disbursement or Obligation	ŀ	City State Zin Code	60.00			
Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Purpose of Expenditure Milling Address 1410 Bushville drive  Category/ Mileage  Category/ Mailing Address 1410 Bushville drive  Category/ Mileage  Ca			Transaction ID : eb359bf3-102b-4667-a			
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Caleb Craig  Mailing Address  1410 Bushville drive  City State  Expenditure Mileage  NC  Category/ Mileage  Office Sought:  House  Disbursement for: Primary  General  Cother (specify)  Amount  Transaction ID: 78156442-4054-4091-9  Date of Disbursement or Obligation  Transaction ID: 78156442-4091-4  Amount  Transaction ID: 78156442-4091-4  Amoun		Salary Odlegory/ Odl	M M / D D / Y Y Y Y			
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Caleb Craig  Mailing Address 1410 Bushville drive  City State Zip Code Lenoir NC 28645  Purpose of Expenditure Mileage  NC 28645  NC 28645  Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchman  [Electronically Filed]  Disbursement For: Primary General Candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchman  [Electronically Filed]  Date Of 7 24 2014	ı	Name of Federal Candidate Support Office	Sought: House District: 00			
Per Election for Office Sought  Full Name of Payee Caleb Craig  Mailing Address 1410 Bushville drive  City State Zip Code Lenoir NC 28645  Purpose of Expenditure Mileage  Category/ Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Category Associated and the primary of General State State:  Category Oppose  Transaction ID: 781b6442-a054-4091-9  Tran		Ms. Kay Hagan Oppose				
Full Name of Payee Caleb Craig  Mailing Address 1410 Bushville drive  City State Zip Code Lenoir NC 28645  Purpose of Expenditure Mileage  Category/ O02  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Category/ O12  Category/ O22  Category/ O32  Category/ O32  Category/ O32  Category/ O32  Category/ O42  Cate		470.440.00	rrsement For: Primary X General			
Caleb Craig  Mailing Address 1410 Bushville drive  City State Zip Code Lenoir NC 28645  Purpose of Expenditure Mileage Category/ Name of Federal Candidate Ms. Kay Hagan Support Calendar Year-To-Date Per Election for Office Sought 170440.82  Category/ Date of Disbursement or Obligation  Tansaction D: 781b6442-a054-4091-9  Date of Disbursement or Obligation  To Office Sought: House District: 00  President X Senate State: NC  Calendar Year-To-Date Per Election for Office Sought 170440.82  Category/ Date of Disbursement or Obligation  To Office Sought: House District: 00  President X Senate State: NC  Category/ Date of Disbursement or Obligation  To Office Sought: House District: 00  To Of	ļ		Other (specify)			
Mailing Address 1410 Bushville drive  City State Zip Code Lenoir NC 28645  Purpose of Expenditure Mileage Category/ 179p 002  Name of Federal Candidate Support Ms. Kay Hagan Solution of Calendar Year-To-Date Per Election for Office Sought 170440.82  Calendar Year-To-Date Per Election for Office Sought 170440.82  (a) SUBTOTAL of Itemized Independent Expenditures 170440.82  City State Zip Code 14.50  Transaction ID : 781b6442-a054-4091-9  Date of Disbursement or Obligation 1707 22 2 2 2014  Toron Office Sought 170440.82  Disbursement For: Primary General 2014  Other (specify)   (b) SUBTOTAL of Unitemized Independent Expenditures 170440.82  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			M = M / D = D / Y = Y = Y			
Lenoir  NC 28645  Transaction ID: 781b6442-a054-4091-9 Date of Disbursement or Obligation  Mor Date Date of Disbursement or Obligation  Mor Date Date Date Date Date Date Date Date		Mailing Address 1410 Bushville drive				
Lenoir  NC 28645  Transaction ID: 781b6442-a054-4091-9 Date of Disbursement or Obligation  Mor Date Date of Disbursement or Obligation  Mor Date Date Date Date Date Date Date Date	ŀ	City State Zip Code	4.50			
Purpose of Expenditure Mileage    Category   Type   002   07    22    2014		Lenoir NC 28645	Transaction ID: 781b6442-a054-4091-9 Date of Disbursement or Obligation			
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  170440.82  Disbursement For: 2014  Other (specify)  General  Calendar Year-To-Date Per Election for Office Sought  Total Independent Expenditures		Mileage Category/ 002	M = M / D = D / Y = Y = Y			
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	ľ	Name of Federal Candidate Support Office	e Sought: House District: 00			
(a) SUBTOTAL of Itemized Independent Expenditures		Ms. Kay Hagan Oppose	President State: NC State:			
(c) TOTAL Independent Expenditures		2014				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  O7  24  2014	(	(a) SUBTOTAL of Itemized Independent Expenditures	64.50			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Ms. Emily Buchanan**  [Electronically Filed]  Date    Date   Dat	(b) SUBTOTAL of Unitemized Independent Expenditures					
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Date	(	(c) TOTAL Independent Expenditures	12312.25			
[Electronically Filed] Date 07 24 2014	with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political					
Date of a second		[F1 - +				

PAGE 62

OF